

SECTION: CERTIFICATION

SUBJECT: Eligibility Requirement

ITEM: *Infants and Children: Possibility of Regression*



Policy

A participant who has previously been certified eligible for the WIC Program may be considered at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the program provides. A nutrition assessment shall be conducted to rule out the existence of current risk factors before basing eligibility on regression. “Possibility of Regression” may be used only at subsequent certification and may not be used at entry into the program (i.e., enrollment certification). Refer to WPM 230-10 for information regarding the priority ranks.

Basis for policy

7 CFR 246.7 (e)

Possibility of regression criteria

The table below indicates the criteria to assess nutritional risks of children. The ISIS code number, corresponding USDA reference code, and the priority levels for children are provided. Please refer to the “WIC Policy Memorandum 98-9, Revision 1, WIC Nutrition Risk Criteria” for more detail regarding the USDA risk codes

Note: Since infants are certified for one year, the possibility of regression is not applicable to the infant category.

ISIS CODE AND (USDA CODE)	RISK CONDITION/INDICATOR OF NUTRITIONAL NEED	PRIORITY FOR CHILDREN
N10 (501)	Possibility of Regression: Anthropometric	III
N11 (501)	Possibility of Regression: Biochemical	III
N12 (501)	Possibility of Regression: Clinical	III
N13 (501)	Possibility of Regression: Dietary	V

Use of possibility of regression

An infant/child who has previously been certified as eligible for the program based on a specific anthropometric, biochemical, clinical, or dietary risk may be considered to be at nutritional risk in the next certification period as a child. If in the opinion of the competent professional authority, it is determined that there is a possibility of regression in nutritional status without the supplemental foods, "Possibility of Regression" may be used, and the reason for using the risk shall be documented in the Individual Comments ISIS screen.

List of risk factors that can be regressed

Possibility of Regression	Regressable Risk Conditions
N10: Anthropometric	A10 Very Underweight A11 Underweight A21 Overweight A22 Very Overweight A31 Short Stature A62 Inadequate Growth for Children
N11: Biochemical	B12 Low Hemoglobin B13 Very Low Hemoglobin B92 Lead Poisoning
N12: Clinical	C53 Severe Acute Infections C57 Severe Dental Problems C100 Nutrient Deficiency Diseases C108 Inadequate Vitamin/Mineral Supplementation C110 Failure to Thrive C117 Pica C118 Pica C121 Limited ability to make feeding decisions and/or prepare food C210 Infrequent Breastfeeding as Sole Source of Nutrients

List of risk factors that can be regressed (cont.)

Possibility of Regression	Regressable Risk Conditions
N13: Dietary	D10 Low Intake D11 Low Vitamin A D12 Low Vitamin C D13 Low Fruit/Vegetables D14 Low/Breads/Grains/Cereals D15 Low Milk D16 Low Protein D18 Low Fluid D19 Low Fiber D20 Low Iron D90 High Sugar Intake D91 High Fat Intake D92 High Sodium/Salt D95 Inappropriate Feeding Practices

Infants

Priority II Infants: Infants enrolled solely on the basis of the mother's participation in or eligibility for the program (ISIS Code N40 - Infant Born to Woman on WIC, or N41- Infant Born to WIC Eligible Woman During her Pregnancy) may not be certified on the basis of regression in nutritional status at the first subsequent certification.

At a priority II infant's first certification as a child, a thorough evaluation to identify indicators of nutritional need must be conducted to determine if a specific anthropometric, biochemical, clinical, or dietary risk exists.

Example: A 5 month old infant is enrolled on January 3, 1998 based on his mom's eligibility for WIC (N41). At the first subsequent certification as a child in August 1998, another indicator of nutritional need must be identified in order for him to continue to receive benefits. The child is found to have severe asthma which requires daily medication and affects his nutritional status. He is therefore certified using "Persistent Asthma (ISIS code C122)". At the next certification in February 1999, he is still taking daily medication for asthma, but his nutritional status is improving. The child may be certified using "Possibility of Regression" if no other risk criteria can be found. However, at the next certification, August 1999, another eligibility risk must be identified for the child to continue to receive program benefits.

Children

Children: “Possibility of Regression” may be used as a nutritional risk criterion for a maximum of one subsequent certification. Thereafter, a specific indicator of nutritional need must be identified and documented in ISIS. If the participant is subsequently certified on the basis of another specific risk, “Possibility of Regression” may again be used for the following certification.

Example: A child is enrolled on February 15, 1998 with a Hgb of 10.5 g/dl taken on February 1, 1998. The child is certified using “Low Hgb/Hct”. At the subsequent certification in July 1998, the child has a Hgb of 12.1g/dl. He/she is certified using “Possibility of Regression”. At the following certification in January 1999, the Hgb of 12.1 g/dl is still effective. In order for the child to continue receiving program benefits, another indicator of nutritional need must be identified. The anthropometric data for this child is assessed as overweight. He/she is certified using overweight. In July 1999, the child is no longer overweight and a normal Hgb is taken. He/she can be certified using “Possibility of Regression”. At the next certification in January 2000, the anthropometric, biochemical, and physical/medical data is all within normal limits. The child can be certified as Priority V using a diet risk if it exists. If the local agency is not serving this priority, the child will be disqualified using “Lower Priority”.

Priority ranking

When “Possibility of Regression” is used as the nutritional risk factor, the participant remains in the same priority rank as the previous certification, unless the participant’s category has changed as noted below:

1. An infant previously certified as Priority I and subsequently certified on the basis of her/his possible regression in nutritional status would be ranked as Priority III(a) when her/his category has changed from infant to child.
 2. An infant previously certified as Priority IV and subsequently certified on the basis of possible regression in nutritional status would be ranked as Priority V if the category has changed from infant to child.
 3. A child previously certified as Priority III(a) and subsequently certified on the basis of her/his possible regression in nutritional status would be ranked in Priority III(c) if the certification occurred on or after the child’s third birthday.
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